



[Date]

[Contact Name]

[Group Name]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change  
Aetna Health Insurance Company of New York  
**Plan Name** and Health Insurance Oversight System (2024 HIOS) Plan ID number

Dear [Name]:

Aetna Health Insurance Company of New York is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2024. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

#### **Proposed Premium Rate Changes**

Your current monthly premium is: \$\_\_\_\_\_.

If approved, the proposed monthly premium is \$\_\_\_\_\_.

OR

If approved, the percentage change to your premium is \_\_\_\_%.

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

#### **Why We Are Requesting a Rate Change**

Every year, we spend considerable time evaluating both medical cost history and rates to ensure we account for current cost trends in the plan premium. The requested increase is due to our view as to the overall rising cost of health care services in New York, and an adjustment to reflect changes in the type and quantity of medical services used by our members which results in increased claim expenses. DFS's view of these matters may differ.

### **30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change. The comments must be made within 30 days from the date of this notice.

You can contact Aetna Health Insurance Company of New York for additional information at:

Aetna Inc.  
151 Farmington Avenue  
Employer Verification Unit Mail Stop: HFDR-M20 (RWMB)  
Hartford, CT 06156  
Phone: 800-297-7145 (Option 4)  
Website Address: Aetna.com

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS Website or via standard mail as follows:

DFS Website:

[https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

United States Postal Service:

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY, 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your HIOS Plan ID number, which is **[Insert the 2024 HIOS Plan ID #]**

Written comments submitted to DFS will be posted on the DFS website without your personal information.

### **Plain English Summary of Rate Change**

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Aetna website: Aetna.com

DFS website: <https://myportal.dfs.ny.gov/web/prior-approval/aetna-health-insurance-company>

### **Notice of Approved Premium Rate**

After DFS approves the final premium rate, which may differ from the requested rates noted above, you will receive final rate information at least 60 days before your 2024 renewal date.

Sincerely,

Aetna Inc.

**Policies are insured by Aetna Health Insurance Company of New York.**

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2139768-01-01

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).



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[Contact Name]

[Group Name]

[Address]

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### **Proposed Premium Rate Changes**

If approved, the percentage change to your group's premium is \_\_\_\_%.

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

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